	0		'D lle ti	1.1	D	. 1 .	T A	7 .	0		
	Connecticut D	•								ction	
	Water	Quality Monit	oring and		_						
PWS ID	PWS Name			1	Class	sification	on Pop		Owr	ner Type Pr	imary Source
CT101009		HURCH				NC		25		Р	GW
Local Add	ress (where applicable)		Service	Resident	ial (Comm	ercial	Industri	al	Combined	Agricultura
85 POND I	HILL ROAD		Connections			1					
Towns Ser	rved: NORTH HAVEN										
		Monito	oring Requ	iremer	nts						
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)								
	liform (3100) pling Point (Sampling Point IL	0)		Monitorin	na Pe	eriod	Collec	1 ction Per			oer quarter ance Status
	ct from Inventory of Active Sai	-		10/1/18 - 1							mplete
20.00		10	<u> </u>	1/1/19 - 3		-					mplete
				4/1/19 - 6							1-1
				7/1/19 - 9							
Physical	Parameters (PPS)			, , -	,	•		1	rou	tine (RT) r	er quarter
-	pling Point (Sampling Point IL	0)		Monitorin	ig Pe	riod	Collec	tion Pe			ance Status
	ct from Inventory of Active Sai			10/1/18 - 1						Coi	mplete
	•	· · ·		1/1/19 - 3							mplete
				4/1/19 - 6							<u>.</u>
				7/1/19 - 9	9/30	/19					
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	rou	tine (RT) p	er quarter
Sam	pling Point (Sampling Point IL	o)		Monitorin	ig Pe	riod	Collec	tion Pe	riod	Compli	ance Status
ENTR	RY POINT (3)			10/1/18 - 1	12/3	1/18				Coi	mplete
				1/1/19 - 3	3/31	/19				Coi	mplete
				4/1/19 - 6	6/30	/19					
				7/1/19 - 9	9/30	/19					
	Wat	er System Facili	ty and Sar	npling	Poi	nt In	vento	ory			
Water							Total	Lead	and		
System	Water System Facility	Sampling Point		nt			Coliforn				Stage
Facility ID		ID	Description		S	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SER	VICE CON		Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
21779	WELL	2	WELL			Α					
		Con	tact Inforr	nation							
Name		Oı	rganization							Job Title	
	Carbaugh		nd Hill Baptist	Classicale			D.	astor			

Zip Code

06473

State

 CT

City

pastorm@pondhill.net

North Haven

Emergency Phone | Email Address

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

85 Pond Hill Road

Business Phone

203-239-7708

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	vvater quarity monn	or mg am	u uon	прі	idifec t	Ciicaai	C	
PWS ID	WS ID PWS Name				ssification	Population	Owner Type	Primary Source
CT1010094	POND HILL BAPTIST CHURCH				NC	25	Р	GW
Local Address (Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
85 POND HILL	ROAD	Connections			1			
_					•			· · · · · · · · · · · · · · · · · · ·

Towns Served: NORTH HAVEN

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1019024	THE ONLY GAME IN TOWN				NC	30	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
275 VALLEY SER	VICE ROAD	Connections			1			

Towns Served: NORTH HAVEN			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		
	1/1/19 - 1/31/19		
	2/1/19 - 2/28/19		
	3/1/19 - 3/31/19		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION (4)	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		
	1/1/19 - 1/31/19		
	2/1/19 - 2/28/19		
	3/1/19 - 3/31/19		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
.,	1/1/19 - 3/31/19		·
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Water Quality Monitoring and Con	_	,		
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1019024	THE ONLY GAME IN TOWN	NC	30	Р	GW

CT1019024	THE ONLY GAME IN TOWN				NC	30		Р		GW
Local Address (w	here applicable)	Service	Residen	ntial	Commercia	al Industr	ial	Combine	ed	Agricultural
275 VALLEY SER	VICE ROAD	Connections			1					

Towns Served: NORTH HAVEN

Other Compliance Schedules										
Compliance Schedule Activity	Due Date Achieved Date									
SEASONAL START UP COMPLETION	4/1/2016									
SEASONAL START UP CERTIFICATION	4/1/2016									
SEASONAL START UP CERTIFICATION	4/1/2017									
SEASONAL START UP COMPLETION	4/1/2017									
SEASONAL START UP CERTIFICATION	4/1/2018									
SEASONAL START UP COMPLETION	4/1/2018									
SEASONAL START UP COMPLETION	4/30/2019									

Public	Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	4/1/18 - 4/30/18	3	9/10/2019		9/20/2019						
Total Coliform M&R Violation	4/1/18 - 4/30/18		9/10/2019		9/20/2019						

	Wa	ater System Facili	ty and Sampling P	oint Ir	nvento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
52316	WELL 1	2	WELL 1	Α					
57674	TREATMENT PLANT								

37074 11(2)(114)	2141 1 25 (141								
			Co	ontact Inf	ormation				
Name			Organization	l		Job Title			
Mr. Erik Golinowsk	i			The Only Gar	me In Town		Owner		
Mailing Address Lin	e One	ress Line Two			City		Zip Code		
			275 Valley Se	ervice Road		North H	aven	СТ	06473
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
203-239-4653			203	3-988-0835		egolinov	vski@aol.co	m	
Contact Role(s): A	dministrative Co	ntact							
Name				Organization	l			Job Title	
Name I annaine Malan	المء:			Ctillman Daa	d Associatos II C		Managar	10mbor	

Name			Organization	1		Job Title			
Mrs. Lorraine Velar	di			Stillman Roa	d Associates LLC		Manager Mer	nber	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
265 River Road						Hamden		СТ	06518
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
						mackom	om@att.net		
Contact Role(s): O	wner								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

The state of the s								
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1019024	THE ONLY GAME IN TOWN			NC	30	Р	GW	
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural	
275 VALLEY SERVICE ROAD		Connections		1				
Toward Comments NORTH HAVEN								

Towns Served: NORTH HAVEN

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End of schedule